

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee
Date of Meeting: Wednesday, May 9, 2018
Preferred Drug List Final**

AHFS Drug Class Re-reviewed: EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

Subclasses Reviewed

Antiallergic Agents
Antibacterials
Vasoconstrictors

AHFS Drug Class Re-reviewed: ANDROGENS

AHFS Drug Class Re-reviewed: SKELETAL MUSCLE RELAXANTS

Subclasses Reviewed

Centrally Acting Skeletal Muscle Relaxants
Direct-Acting Skeletal Muscle Relaxants
GABA-Derivative Skeletal Muscle Relaxants
Skeletal Muscle Relaxants, Miscellaneous

AHFS Drug Class Re-reviewed: ANALGESICS AND ANTIPYRETICS

Subclasses Reviewed

Opiate Agonists
Opiate Partial Agonists

AHFS Drug Class Re-reviewed: ANTIMIGRAINE AGENTS

Subclass Reviewed

Selective Serotonin Agonists

AHFS Drug Class Re-reviewed: ANTIEMETICS

Subclasses Reviewed

Antiemetics, Antihistamines
Antiemetics, 5-HT₃ Receptor Antagonists
Antiemetics, Neurokinin-1 Receptor Antagonists
Antiemetics, Miscellaneous

AHFS Drug Class Re-reviewed: ANTIULCER AGENTS AND ACID SUPPRESSANTS

Subclass Reviewed

Proton-Pump Inhibitors

**AHFS Drug Class Re-reviewed: COMPLEMENT INHIBITORS FOR THE TREATMENT OF
HEREDITARY ANGIOEDEMA**

EENT Antiallergic Agents

PREFERRED GENERIC

All covered products

PREFERRED BRAND

BEPREVE
PATANASE*
PAZEO

NON-PREFERRED BRAND or PA GENERIC

ALOCRIIL
ALOMIDE
ASTEPRO*
ELESTAT*
EMADINE
LASTACFT
PATADAY*
PATANOL*

EENT Antibacterials

<u>PREFERRED GENERIC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	BESIVANCE BLEPHAMIDE CIPRO HC CIPRODEX MOXEZA VIGAMOX* ZYLET	AZASITE BLEPH-10* CILOXAN* COLY-MYCIN S MAXITROL* moxifloxacin ophthalmic solution (generic) OCUFLOX* OTIPRIO OTOVEL POLYTRIM* PRED-G TOBRADEX* TOBRADEX ST TOBREX* ZYMAXID*

*Denotes generic available in at least one dosage form or strength

‡Generic formulations are available but require prior authorization

°Denotes agent is preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted

EENT Vasoconstrictors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

NONE

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‡Generic formulations are available but require prior authorization

°Denotes agent is preferred with clinical criteria in place

Drug name denotes all dosage forms and strengths unless noted

Androgens

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	ANADROL ANDRODERM ANDROGEL* ANDROID* AVEED AXIRON* DEPO-TESTOSTERONE* FORTESTA* NATESTO STRIANT TESTIM* TESTOPEL TESTRED* VOGELXO*

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Centrally Acting Skeletal Muscle Relaxants

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

AMRIX
carisoprodol (generic)
carisoprodol/aspirin
(generic)
codeine/carisoprodol/
aspirin (generic)
LORZONE
ROBAXIN*
SKELAXIN*
SOMA†
ZANAFLEX*

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Direct-Acting Skeletal Muscle Relaxants

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

DANTRIUM*
REVONTO
RYANODEX

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GABA-Derivative Skeletal Muscle Relaxants

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

GABLOFEN
LIORESAL INTRATHECAL

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Skeletal Muscle Relaxants, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

NONE

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Opiate Agonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ABSTRAL
 ACTIQ*
 ASTRAMORPH-PF*
 CAPITAL W/CODEINE
 CONZIP ER*
 DEMEROL*
 DILAUDID*
 DOLOPHINE*
 DURAGESIC*
 DURAMORPH
 FENTORA
 FIORINAL W/CODEINE*
 IBUDONE*
 INFUMORPH
 LAZANDA
 LORCET*
 LORTAB
 methadone (generic)
 METHADOSE*
 NORCO*
 NUCYNTA
 NUCYNTA ER
 OPANA*
 OXAYDO
 PERCOCET*
 PRIMLEV*
 ROXICODONE*
 SUBSYS
 TYLENOL-CODEINE*
 ULTIVA*
 ULTRACET*
 ULTRAM*
 VERDROCET*
 VICODIN*
 XYLON*
 ZAMICET

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Opiate Partial Agonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

SUBOXONE^{cc}

NON-PREFERRED BRAND or PA GENERIC

BELBUCA
BUNAVAIL
BUPRENEX
buprenorphine (generic)
buprenorphine/naloxone
(generic)
BUTRANS*
PROBUPHINE
SUBLOCADE
TALWIN
ZUBSOLV

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Selective Serotonin Agonists

<u>PREFERRED GENERIC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	AMERGE* AXERT* FROVA* IMITREX* MAXALT* MAXALT MLT* ONZETRA XSAIL RELPAX* SUMAVEL DOSEPRO TREXIMET* ZEMBRACE ZOMIG* ZOMIG ZMT*

*Denotes generic available in at least one dosage form or strength

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Antiemetics, Antihistamines

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

DICLEGIS
TIGAN*

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Antiemetics, 5-HT₃ Receptor Antagonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ALOXI*
ANZEMET
KYTRIL*
SANCUSO
SUSTOL
ZOFRAN*
ZOFRAN ODT*
ZUPLENZ

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Antiemetics, Neurokinin-1 Receptor Antagonists

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

AKYNZEO
EMEND*
VARUBI

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Antiemetics, Miscellaneous

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

CESAMET
MARINOL*
SYNDROS
TRANSDERM-SCOP*

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Proton-Pump Inhibitors

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

ACIPHEX*
ACIPHEX SPRINKLE
DEXILANT
ESOMEPRAZOLE STRONTIUM
NEXIUM*
OMECLAMOX-PAK
omeprazole/sodium bicarbonate
(generic)
PREVACID*
PREVPAC*
PRILOSEC*
PROTONIX*

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Complement Inhibitors for the Treatment of Hereditary Angioedema

PREFERRED GENERIC

All covered products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

BERINERT
CINRYZE
FIRAZYR
HAEGARDA
RUCONEST

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